

**OLIFF & BERRIDGE, PLC**  
ATTORNEYS AT LAW

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R:: None  
Title:: CRAFT WITH MAGNETICALLY CURVED SPACE  
Attorney Docket Number:: 104148  
Suggested Drawing Figure:: 1-7  
Total Drawing Sheets:: 9  
Small Entity:: Yes

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: Philippine  
Status:: Full Capacity  
Given Name:: Von Friedrich  
Middle Name:: C.  
Family Name:: PATERRO  
Name Suffix::  
City of Residence:: Makati City  
State or Province of Residence::  
Country of Residence:: Philippines

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Applicant Authority type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

**Correspondence Information**

Correspondence Customer Number:: 25944

<b>Domestic Priority Information</b>			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	Continuation of		MM / DD / YY
This Application is a	Continuation of		MM / DD / YY
<b>Foreign Priority Information</b>			
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
<b>Assignee Information</b>			
Assignee Name::			
Street of mailing address::			
City of mailing address::			
State or Province of mailing address::			
Country of mailing address::			
Postal or Zip Code of mailing address::			